

297872

3/3/21

ACCEPTED FOR PROCESSING 2021 March 3 3:47 PM SEPSC - 2021-80-T - Page 1 of 15

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

FOCI Destination Management, Inc.,@

d/b/a

FOCI Destination Management

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET 2021 80 T
NUMBER: _____ - _____ - _____

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Tammye' M. Lee

Telephone: 888-316-3624

Address: 2137 Lumpkin Road

Fax: _____

Suite A

Other: _____

Augusta, GA 30906

Email: li@focidestination.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input checked="" type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: _____ |

RECEIVED

MAR 03 2021

PSCSC
Clerks Office

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

2021-80-T

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210

Phone: (803) 896-5100

Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER

Date: 02/01/2021

CLASS C - CHARTER

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. FOCI Destination Management, Inc.® d/b/a/FOCI Destination Management®
Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

2137 Lumpkin Road Suite A Augusta, GA 30906

Street Address of Applicant

Mailing Address of Applicant (if different from street address)

888-316-3624

Phone

Fax

li@focidestination.com

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☐ Individual Owner/Sole Proprietorship

☐ Partnership - List names and addresses of all person having an interest in the business.

☒ Corporation - List names and addresses of two principal officers.

Tammye' M. Lee

2137 Lumpkin Road

Augusta, GA 30906

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

Financial Statement

Applicant's assets and liabilities are as follows:

Assets:		Liabilities:	
Value of Real Estate	153,000.00	Mortgage/Loan on Real Estate	0.00
Value of Motor Vehicles	0.00	Loans Owed on Motor Vehicles	0.00
Cash on Hand	10,000.00	Business/Other Loans Owed	0.00
Cash in Bank	500.00	Other Liabilities or Debts	0.00
Value of Other Assets and Equipment	13,604.00	Total Liabilities	0.00
Total Assets	177,104.00		

INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges:

The propose rates and charges:

\$400.00 for the first four hours per vehicle. \$75.00 each additional hour per vehicle.

Custom packages upon request.

Requested Scope of Authority: Check all counties in which you are requesting permission to operate. You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- | | | | | |
|-------------------------------------|---------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Abbeville | <input type="checkbox"/> Cherokee | <input type="checkbox"/> Florence | <input type="checkbox"/> Lee | <input type="checkbox"/> Saluda |
| <input type="checkbox"/> Aiken | <input type="checkbox"/> Chester | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington | <input type="checkbox"/> Spartanburg |
| <input type="checkbox"/> Allendale | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion | <input type="checkbox"/> Sumter |
| <input type="checkbox"/> Anderson | <input type="checkbox"/> Clarendon | <input type="checkbox"/> Greenwood | <input type="checkbox"/> Marlboro | <input type="checkbox"/> Union |
| <input type="checkbox"/> Bamberg | <input type="checkbox"/> Colleton | <input type="checkbox"/> Hampton | <input type="checkbox"/> McCormick | <input type="checkbox"/> Williamsburg |
| <input type="checkbox"/> Barnwell | <input type="checkbox"/> Darlington | <input type="checkbox"/> Horry | <input type="checkbox"/> Newberry | <input type="checkbox"/> York |
| <input type="checkbox"/> Beaufort | <input type="checkbox"/> Dillon | <input type="checkbox"/> Jasper | <input type="checkbox"/> Oconee | |
| <input type="checkbox"/> Berkeley | <input type="checkbox"/> Dorchester | <input type="checkbox"/> Kershaw | <input type="checkbox"/> Orangeburg | <input checked="" type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun | <input type="checkbox"/> Edgefield | <input type="checkbox"/> Lancaster | <input type="checkbox"/> Pickens | |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield | <input type="checkbox"/> Laurens | <input type="checkbox"/> Richland | |

DESCRIPTION OF EQUIPMENT

You are not required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

- ☐ 1-7 Passengers, including driver
- ☒ 8-15 Passengers, including driver

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT

ACCEPTED FOR PROCESSING - 2021 March 3 3:47 PM - SCPSC - 2021-80-T - Page 5 of 15

INSURANCE QUOTE**This form MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. **THIS IS ONLY A QUOTE**

The following insurance quote is for:

FOCI Destination Management, Inc.®

Name of Applicant

2137 Lumpkin Road Suite A Augusta, GA 30906

Address of Applicant

Amount of Premium:**Limits Quoted: (See Below)**

Liability Insurance \$ 11,398.00

Limits 1,500,000.00

The above quoted premium is for a term of 11 months.

Minimum Limits - Intrastate Only:

1-7 Passengers* \$ 25,000/50,000/25,000

* Passengers = Number of seatbelts in the vehicle, including the driver's seatbelt

8-15 Passengers* \$ 25,000/100,000/25,000

Progressive Commercial

Name of Insurance Company

P.O. Box 94739 Cleveland, OH 44101

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Exhibit Fit, Willing, and Able (FWA)

FOCI Destination Management, Inc. ®

Name of Applicant

1. Are there currently any outstanding judgments against the Applicant?

☐ Yes☒ No

If Yes, list judgements here:

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes☐ No

Exhibit on Driver Qualifications

1. Applicant understands that all drivers must be a minimum of 18 years of age.

☒ Yes

☐ No

2. Applicant understands that a certified copy of the driver's three (3) year driving record issued by the SC DMV and such record from the DMV of the state in which the driver is or has been domiciled for such period must be maintained in the Applicant's business office.

☒ Yes

☐ No

3. Applicant understands that a criminal history background check from the state where the driver currently lives must be maintained in the Applicant's business office.

☒ Yes

☐ No

4. Applicant understands that all drivers operating a vehicle under a Class C Certificate must have in their possession when operating a charter vehicle, a valid driver's license issued by the SC DMV or the current state of residence of the driver.

☒ Yes

☐ No

5. Applicant understands that all Class C Certificate holders are prohibited from employing or leasing vehicles to drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.

☒ Yes

☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE, SUITE 100
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.


Applicant's Signature

President
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA)
COUNTY OF Aiken)

SWORN TO BEFORE ME
This 3 day of February 2021

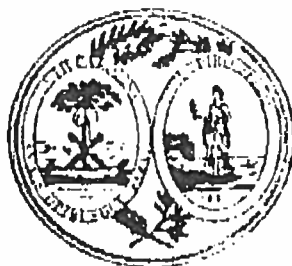
Chelsea Waddell
Notary Public

Commission Expires May 5, 2030



Print Application

The State of South Carolina



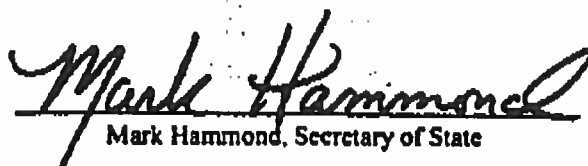
Office of Secretary of State Mark Hammond

Certificate of Authority

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

FOCI Destination Management, Inc., a corporation duly organized under the laws of the state of Georgia and issued a certificate of authority to transact business in South Carolina on February 12th, 2021, has on the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the corporation that its authority to transact business in South Carolina is subject to being revoked pursuant to S.C. Code Ann. §33-15-310, and no application for surrender of authority to do business in South Carolina has been filed in this office as of the date hereof.

Given under my Hand and the Great Seal
of the State of South Carolina this 12th day
of February, 2021.


Mark Hammond, Secretary of State

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

Control Number : 18043385

Feb 12 2021

REFERENCE ID: 708120


MARK HAMMOND
SECRETARY OF STATE OF SOUTH CAROLINA**STATE OF GEORGIA****Secretary of State****Corporations Division****313 West Tower****2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530****CERTIFICATE OF EXISTENCE**

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

FOCI DESTINATION MANAGEMENT, INC.**a Domestic Profit Corporation**

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 20242232
Date Inc/Auth/Filed: 03/26/2018
Jurisdiction : Georgia
Print Date : 02/11/2021
Form Number : 211



Brad Raffensperger
Secretary of State

Progressive
P.O. Box 94739
Cleveland, OH 44101

PROGRESSIVE
COMMERCIAL

FOCI DESTINANTION
MANAGEMENT INC
2137 LUMPKIN RD #A
AUGUSTA, GA 30906

Underwritten by
Progressive Mountain Insurance Co
February 1, 2021
Policy Period: Feb 10, 2021 - Feb 10, 2022
Page 1 of 4

Customer Phone number: 1-706-495-6138

Commercial Auto Insurance Quote

Dear FOCI DESTINANTION,
Thank you for your interest in Progressive.

We're excited about the opportunity to work with you. Below you'll find a quote that's custom-designed around your needs. Our goal is to give you the best and most competitively priced coverage for your business.

What you get

You get affordable rates, savings opportunities around safe driving and business experience, and nationally recognized claims service that keeps you and your business on the road. Most importantly, you get the peace of mind that comes with Progressive's responsive, comprehensive approach to customer service.

By becoming a Progressive customer, you join a confident group of business owners who expect the most from their insurance company. You're important to us. That's why we're here for you 24 hours a day, seven days a week. Whether you need to update your policy, report or check the status of a claim, or simply ask a question, call us. Our number is 1-888-814-6494, or you can visit us at progressivecommercial.com.

How you get it

If you're comfortable with your quote, please call us any time at 1-888-814-6494 to purchase your policy. And thank you again for thinking of us. We hope we can serve you and your commercial auto needs.

Policy information

Business type: Passenger Transportation (For Hire)
Sub business type: Black Car Services



FOOT CASH MANAGEMENT
 FINANCIAL SERVICES
 Page 2 of 4

Quote for 12 month policy period

If you pay your premium in full, you will receive a discount as shown.

Total policy premium	\$11,398.00
Paid in full discount	-1554.00
Policy premium if paid in full	\$9,844.00

Payment plans

Payment Method: 10 Payments

Electronic Funds Transfer (EFT) assures that your payment is on time. Each payment includes a \$3.00 installment fee.

Payment plan	Total premium	Initial payment	Payments
11 Payments, 0.00% Down	\$11,398.00	\$1,081.54	10 payments of \$1,024.66
10 Payments, 10.0% Down	\$11,398.00	\$1,184.80	9 payments of \$1,137.00
11 Payments, 12.5% Down	\$11,398.00	\$1,408.50	10 payments of \$695.91
11 Payments, 16.67% Down	\$11,398.00	\$1,941.72	10 payments of \$648.63
10 Payments, 20.0% Down	\$11,398.00	\$2,319.60	9 payments of \$1,011.72
6 Pay, Seasonal, 20.0% Down	\$11,398.00	\$2,319.60	5 payments of \$1,818.68
10 Payments, 25.0% Down	\$11,398.00	\$2,887.00	9 payments of \$948.67
4 Pay, Seasonal, 25.0% Down	\$11,398.00	\$2,887.00	3 payments of \$2,840.00
3 Pay, Quarterly, 40.0% Down	\$11,398.00	\$4,589.20	2 payments of \$3,407.40

Make payments by mail or at progressivocommercial.com. Each payment includes a \$6.00 installment fee.

Payment plan	Total premium	Initial payment	Payments
11 Payments, 0.00% Down	\$11,398.00	\$1,081.54	10 payments of \$1,027.65
10 Payments, 10.0% Down	\$11,398.00	\$1,184.80	9 payments of \$1,160.80
11 Payments, 12.5% Down	\$11,398.00	\$1,408.50	10 payments of \$998.95
11 Payments, 16.67% Down	\$11,398.00	\$1,941.72	10 payments of \$951.62
10 Payments, 20.0% Down	\$11,398.00	\$2,319.60	9 payments of \$1,014.72
6 Pay, Seasonal, 20.0% Down	\$11,398.00	\$2,319.60	5 payments of \$1,821.68
10 Payments, 25.0% Down	\$11,398.00	\$2,887.00	9 payments of \$951.67
4 Pay, Seasonal, 25.0% Down	\$11,398.00	\$2,887.00	3 payments of \$2,843.00
4 Pay, Quarterly, 25.0% Down	\$11,398.00	\$2,887.00	3 payments of \$2,843.00
3 Pay, Quarterly, 40.0% Down	\$11,398.00	\$4,589.20	2 payments of \$3,410.40
2 Payments, 50.0% Down	\$11,398.00	\$5,724.00	1 payment of \$5,680.00
1 Payment	\$9,844.00	\$9,844.00	None
OPF	\$11,398.00	\$11,398.00	None

To purchase Insurance

Please review the information on your quote for accuracy; incomplete and inaccurate information could affect your rate. These rates are subject to verification of information. If you have any questions or would like to purchase a Progressive policy, please call Progressive at 1-800-895-2886. Your coverage will begin once your initial payment has been received. Thanks again for the opportunity to work with you.



FOO DESTINATION
MANAGEMENT INC
Page 3 of 4

Rated drivers

Failure to accurately and completely report all driver information may result in premium differences and service delays.

Name	Age	Marital Status	Points	Additional Information
TAMMY LEE	46	Married	0	
HENDERSON LEE	58	Married	0	
LOUVENIA RAINGE	60	Married	0	

Outline of coverage

Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for a vehicle may not be combined with the limits for the same coverage on another vehicle.

Description	Limit	Deductible	Premium
Liability To Others			\$7,586
Bodily Injury and Property Damage Liability	\$1,500,000 combined single limit		
Uninsured/Underinsured Motorist - Added On			972
Bodily Injury and Property Damage	\$100,000 combined single limit		
Deductible Applies To Property Damage		\$250	
Medical Payments	\$5,000 each person		476
Comprehensive			830
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			1,484
See Auto Coverage Schedule	Limit of liability less deductible		
Subtotal policy premium			\$11,348
Other Filing Fee			50
Total 12 month policy premium and fees			\$11,398

Auto coverage schedule

- 2016 MERCEDES-BENZ SPRINTER 2500 Stated Amount: * \$56,000 (Including Permanently Attached Equip)
VIN: WDZPE7CD9GP211593 Garaging Zip Code: 30906 Territory: 16 Radius: Unlimited miles
Personal use: N Body type: Passenger Van Use class: J

Liability Premium	Liability	UM/UIM-Add	UMPD-Add	Med Pay	
	\$3813	\$256	\$230	\$238	
Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium	Auto Total
	\$2,500	\$415	\$2,500	\$742	\$5,694

- 2016 MERCEDES-BENZ SPRINTER 2500 Stated Amount: * \$56,000 (Including Permanently Attached Equip)
VIN: WDZPE7CD9GP215950 Garaging Zip Code: 30906 Territory: 16 Radius: Unlimited miles
Personal use: N Body type: Passenger Van Use class: J

Liability Premium	Liability	UM/UIM-Add	UMPD-Add	Med Pay	
	\$3773	\$256	\$230	\$238	
Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium	Auto Total
	\$2,500	\$415	\$2,500	\$742	\$5,654

*A vehicle's stated amount should indicate its current retail value, including any special or permanently attached equipment. In the event of a total loss, the maximum amount payable is the lesser of the Stated Amount or Actual Cash Value, less deductible. Be sure to check stated amount at every renewal in order to receive the best value from your Progressive Commercial Auto policy.



FOO DESTINATION
MANAGEMENT INC
Page 4 of 4

Please review all the information on your quote for accuracy. Incomplete or inaccurate information could alter your rate, and rates are subject to verification. If you have any questions, please call us at 1-888-814-6494.

Form Q18 (05/08)